

BEST AVAILABLE COPY

CLAIMS ONLY							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
A CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51	/			
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9	/		/				59				
10	/		/				60				
11	/		/				61				
12	/		/				62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22	/		/				72				
23	/		/				73				
24	/		/				74				
25	/		/				75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36	/		/				86				
37	/		/				87				
38	/		/				88				
39	/		/				89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49	/		/				99				
50	/		/				100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS